

There's been a 44% increase in death rate in just under a year of reporting according to the CDC.

Why are they not informing the public?



Jessica Rose
Jun 23

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PHARMACOVIGILANCE?

Pharmacovigilance is the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine/vaccine related problem.¹

VAERS IS A PHARMACOVIGILANCE TOOL OF THE CDC AND FDA.

The take home message of this article is this:

The CDC has admitted to an increase in death rate in the context of the COVID-19 products. They don't realize it, but they have.

So honest, these alphabet groups.

Background: In the U.S., the COVID-19 injectable products administered since December 14, 2020 include the manufacturers Pfizer/BioNTech, Moderna and Janssen, with Pfizer/BioNTech being administered most frequently (58%, 36%, 6%, respectively).

Let's go back to July 19, 2021. Documented on the [CDC website](#) (using the magical Wayback Machine) on July 26th, 2021, the CDC reported that ~334 million doses of COVID-19 injectable products had been administered to the U.S. public from December 14, 2020 through to July 19, 2021, and that during that time, 6,207 reports of death were successfully filed to the Vaccine Adverse Event Reporting System (VAERS). Therefore, 0.0018% (1/55,555) of injectees of COVID-19 products were reported to have died in temporal proximity to their injections.²

It is a federal offense to submit a false VAERS report.

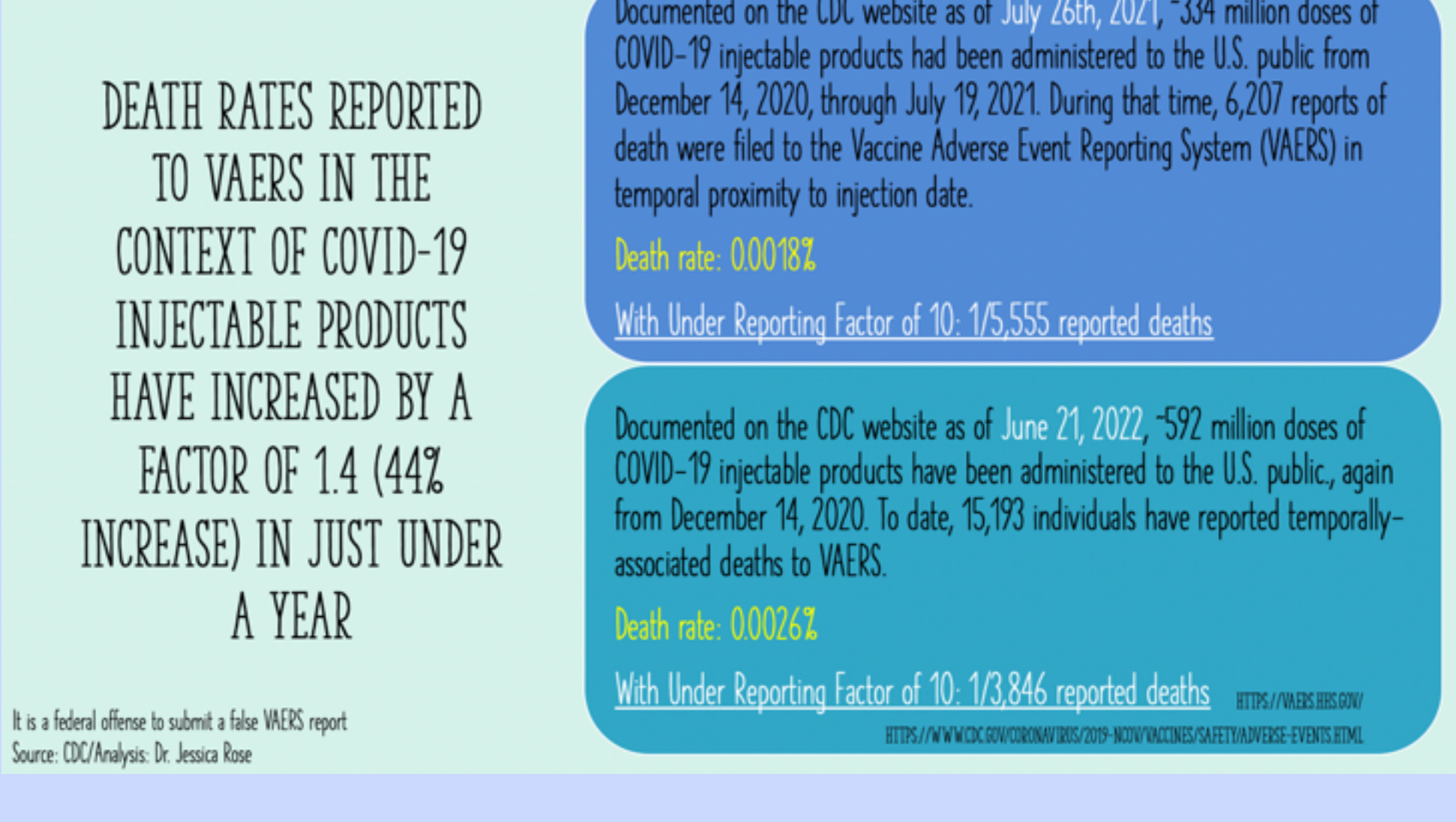
I don't disagree with these numbers. However, I think it's important to make sure that we 'factor in' the Under-Reporting Factor (URF)^{3 4 5}. I think that we can agree that death has a likely URF close to 10; although it may be closer to 31 as calculated by me for SAEs using Pfizer data. You can see those calculations [here](#). By this URF, 62,070 reports would yield a true death rate of 0.018% (or 1/5,555 - I prefer fractions).

As of June 21, 2022, according to the [CDC website](#), ~592 million doses of COVID-19 injectable products have been administered in the U.S., again from December 14, 2020 to the present (June 21,2022). 15,193 individuals have reported temporally-associated deaths to VAERS following injection with the COVID-19 products. This translates to a death rate of 0.0026%. So again, with an URF of 10, the rate adjusts to 0.026% (1/3,846).

Thus, within just under a year (337 days), the death rate went up 44%.

People ask me quite often what they can do. Here's what you can do.

Print the following placard and give it to your doctors, teachers, MPs... everyone you know.



Thanks to Mr. Benevides for the tag⁶ in the 'Twitterverse'. It's an important observation. Every single human being needs to **demand** that the CDC do their appropriate PRR calculations⁷ and Bradford Hill Criteria Causality assessment.⁸

And to stop lying.

(I wrote this in-between meetings so I hope I didn't make any 'calculatory' errors. Always check me.)

- <https://www.who.int/teams/regulation-prequalification/regulation-and-safety/pharmacovigilance>
- <https://www.hstoday.us/subject-matter-areas/coronavirus/cdc-facts-on-adverse-events-reported-after-covid-19-vaccination/>
- Lazarus, Ross et al. Grant Final Report. Grant ID: R18 HS 017045. Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS). Submitted to The Agency for Healthcare Research and Quality (AHRQ).
- Rose, J. 2021, Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System? Science, Public Health Policy & the Law Volume 3:100–129.
- Rose, J. 2021. A report on US Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 messenger ribonucleic acid (mRNA) biologicals. Science, Public Health Policy & the Law. 2:59-80.
- https://twitter.com/aba_3000/status/1540030271688298496
- <https://jackanapes.substack.com/p/new-foia-release-shows-cdc-lied-about>
- Causality assessment of an adverse event following immunization (AEFI): user manual for the revised WHO classification, 2nd ed., 2019 update.

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32 Comments



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Mark MuchJun 23 ♡ Liked by Jessica Rose

Maybe this can be explained as a result of climate change and defunding the police? Nah. it's the itsy bitsy teenie weenie self-assembling nano-meanies.

♡ 56ReplyCollapse

3 replies by Jessica Rose and others



Sean O'DalaighJun 23 ♡ Liked by Jessica Rose

Unacceptably acceptable as always; now where did I read yesterday that the CDC said they don't really do 'data' from VAERS, as that's in someone elses job description, like the FDA. The FDA (Federal Death Association) then retorted, "Nah, I am not the droid you seek!"... and that was that! So it's the independend thinkers who are doing the data analysis, and not who would be expected to do it. I suppose it makes sense, like ye won't find a problem unless you look for it, or something... but what do we know anyway!

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A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable...

Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH
JESSICA ROSEJUN 2, 2021 ♡1,192 💬141 📌

Rewrite: Let's tag team this until everybody understands

The modified spike protein is dangerous and for very specific reasons.
JESSICA ROSEJUN 13 ♡588 💬147 📌

When you hear BNT162c(2), run, don't walk, RUN away.

It's already in the clinical 'trials'
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